PTO/SB/50 (02-01)

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:		Attorney Docket No.	L&P-1379		
Assistant Commissioner for Patents		First Named Inventor	Brenda W. Wickstrom		
Box Reissue		Original Patent Number	6,272,700		
Washington, DC 20231			Original Patent Issue Date (Month/Day/Year)	08/14/2001	
			Express Mail Label No. EV355034832US		
APPLICATION FOR REISSUE OF: (Check applicable box) Utility Patent			t Design Patent	Plant Patent	
APPLICATION ELEMENTS (37 CFR 1.173)			ACCOMPANYING APPLICATION PARTS		
	Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)		10. Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).		
2. Applicant c	Applicant claims small entity status. See 37 CFR 1.27.		Original U.S. Patent for surrender Ribboned Original Patent Grant Statement of Loss (PTO/SB/55)		
	Specification and Claims in double column copy of patent format (amended, if appropriate)				
	Drawing(s) (proposed amendments, if appropriate)				
Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)		12. Foreign Priority Claim (35 U.S.C. 119) (If applicable)			
	Power of Attorney		13. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations		
7. «Original U.S. Patent currently assigned? Yes No			14. English Translation of Reissue Oath/Declaration (if applicable) 15. Preliminary Amendment 16. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)		
(If Yes, check applicable box(es))					
✓ Written Consent of all Assignees (PTO/SB/53)					
37 C.F.R. § 3.73(b) Statement (PTO/SB/96)					
CD-ROM or CD-R in duplicate, Computer Program (Appendix)					
or large table			17. Other:		
Nucleotide and/or (if applicable, all controls)	Amino Acid Sequence Submission of the following are necessary)		· · · · · · · · · · · · · · · · · · ·		
a. Computer Readable Form (CRF)					
b. Specification Sequence Listing on: i ☐ CD-ROM (2 copies) or CD-R (2 copies); or ii ☐ paper					
c. Statements verifying identity of above copies					
18. CORRESPONDENCE ADDRESS					
Customer Number or Bar Code Label or Correspondence address below (Insert Customer No. or Altach ber code label here)					
Name J. Dwight Poffenberger, Jr.					
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NAME (Print/Type) J. Dwight Poffenberger, Jr. A Registration No. (Attorney/Agent) 35,324					
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Signature

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Tracemark Office, Washington, DC 2021. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 2020. 20231.

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